

FILED

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RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

PJH

10 Jamal Thompson

11 Plaintiff,

12 vs.

13 Ben Curry, Warden

14 Defendant.

CV 08

CASE NO.

3834

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

(PR)

16 I, Jamal Thompson, declare, under penalty of perjury that I am the
17 plaintiff in the above entitled case and that the information I offer throughout this application
18 is true and correct. I offer this application in support of my request to proceed without being
19 required to prepay the full amount of fees, costs or give security. I state that because of my
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No X

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
25 name and address of your employer:

26 Gross: _____ Net: _____

27 Employer: _____

28 _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
2 salary and wages per month which you received. (If you are imprisoned, specify the last
3 place of employment prior to imprisonment.)

4 _____
5 _____
6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

- 9 a. Business, Profession or Yes ___ No X
10 self employment
11 b. Income from stocks, bonds, Yes ___ No X
12 or royalties?
13 c. Rent payments? Yes ___ No X
14 d. Pensions, annuities, or Yes ___ No X
15 life insurance payments?
16 e. Federal or State welfare payments, Yes ___ No X
17 Social Security or other govern-
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

21 _____
22 _____

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____ None

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 None

6
 7 5. Do you own or are you buying a home? Yes No

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes No

10 Make _____ Year _____ Model _____

11 Is it financed? Yes No If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes No (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____
 15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes No Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes No
 20 _____

21 8. What are your monthly expenses?

22 Rent: \$ _____ N/A Utilities: _____ N/A

23 Food: \$ _____ N/A Clothing: _____ N/A

24 Charge Accounts: No

Name of Account	Monthly Payment	Total Owed on This Acct.
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____		

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

No

5 10. Does the complaint which you are seeking to file raise claims that have been presented
5 in other lawsuits? Yes _____ No X

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

16 | August 26, 2008

DATE

SIGNATURE OF APPLICANT

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2 Case Number: CV 08 3834 PJH (PR)
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CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Jamal Thompson [prisoner name] for the last six months at Correctional Training Facility (CIF) [name of institution] where (s)he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 26.26 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 62.35.

Dated: 8-28-08

Brenda Nation, Acct Technician
[Authorized officer of the institution]

CORRECTIONAL TRAINING FACILITY
P.O. BOX 686
SOLEDAD, CA 93960
ATTN: TRUST OFFICE



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 8-28-08

CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *Brenda Nation*
TRUST OFFICE

Account Technician

REPORT ID: TS3030 .701

REPORT DATE: 08/28/08
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRI ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 29, 08 THRU AUG. 28, 2008

ACCOUNT NUMBER : H19614
ACCOUNT NAME : THOMPSON, JAMAL
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

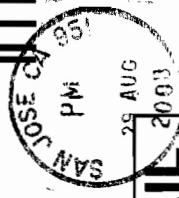
TRAN DATE	CODE	DESCRIPTION	COMMENT	CHECK	DEPOSITS	WITHDRAWALS	BALANCE
03/29/2008		BEGINNING BALANCE					37.17
04/24 D340	EFT DEPOSIT	3523 7152			70.00		107.17
05/06 D554	INMATE PAYROL	3626 P1			17.16		124.33
05/07 D300	CASH DEPOSIT	3666 69885			100.00		224.33
05/13 FC02	DRAW-FAC 2	3729 U-I				180.00	44.33
06/05*D554	INMATE PAYROL	4026 P6			29.00		73.33
06/23*W536	COPAY CHARGE	4317 0668				5.00	68.33
07/16 W536	COPAY CHARGE	0216 3530				5.00	63.33
07/28 W536	COPAY CHARGE	0355 9533				5.00	58.33

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
37.17	216.16	195.00	58.33	0.00	0.00

CURRENT AVAILABLE BALANCE	
	58.33

CORRECTIONAL
P.O. BOX 626
SOLEDAD, CA 93901
ATTN: TRUST OFFICETHE WITHIN NOTIFICATION IS A COPY
OF THE TRUST ACCOUNT STATEMENT
BY THIS OFFICE
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *Debbie Sather*
BY TRUST OFFICE*Account Technician*



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450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO CA 94102-9680

Portage, 8

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